IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE: (06/15/2008		IPRS (CHECKWRITE SUMMARY REPORT				
				EWRITE DATE: 06/17/2008 PINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8326	1371	ATTENDING PROVIDER NUMBER WAS				
	H/DD/SAS			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		21	1106	DUPLICATE OF CLAIM-SYSTEM	12	5046	24087	19041
		8957	899	CLAIM SHOULD NOT CONTAIN BOTH NPI AND ATTENDING				
				PROVIDER NUMBER. ATTENDING PR				
3404904	WESTERN HIGHLAN	8326	425	ATTENDING PROVIDER NUMBER WAS				
	DS LME			NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				INIS CLAIM OR THE NPI SUBMITTE				
		8534	70	SERVICE FACILITY LOCATION IS N OT A VALID IPRS	0	555	4110	3555
				ATTENDING PROVIDER, OR THE NPI				
		191	32	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404910	PATHWAYS	8326	747	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		21	640	DUPLICATE OF CLAIM-SYSTEM	0	1732	5279	3547
		8800	217	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FUTURE RA'S.				
3404912	CATAWBA COUNTYM	8505	893	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	1001	6962	5961
				BENEFIT PACKAGE.				
		3746	24	RELATED CODES NOT ALLOWED SAME				
				DATE OF SERVICE.				
	MECKLENBURG COM	8800	937	FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	190	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	1538	4408	2870
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	186	DETAIL NOT COVERED BY COMBINAT				-
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				-
3404916	CROSSROADS BEHA	8961	962	ATTENDING PROVIDER NPI IS MIS				
	VIORAL HEAL			SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
				AESUBILI HILI				
		8326	307	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	1803	8592	6789
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	153	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
		+		FUTURE RA'S.				
3404917	CENTERPOINT HUM	8505	3441	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				-
		8800	111	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	3704	4107	403
				FUTURE RA'S.				
		8599	33	DETAIL NOT COVERED BY COMBINAT				
		1		ION OF RECIPIENT, PROVIDER AND			1	1

				BENEFIT PACKAGE.				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8800	525	FURTHER PROCESSING NECESSARY,				
	TAL HEALTHC			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		0500	150	DEBLY VON COUNTY BY CONTYNE				
		8599	159	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	1058	5158	4100
				BENEFIT PACKAGE.				
		8537	159	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404920		8505	265	CLAIM DENIED DUE TO INSUFFICIE				
	ALAMANCE CASWEL L AREA MH D			NT BUDGET				
	D THUM PHI D							
		8326	184	ATTENDING PROVIDER NUMBER WAS	0	582	1734	1152
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				INIS CLAIM OR INE NEI SUBMITTE				
		8534	62	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
2404021		0	0	*** NO DATA TO REPORT ***				
3404921	ORANGE PERSON C	0	U	NO DATA TO REPORT ***				
	HATHAM AREA							
		0	0		0	0	0	0
3404922		8963	8230	ATTENDING PROVIDER NPI IS NOT				
3404922	THE DURHAM CENT	0903	0230	NUMERIC. PLEASE RESUBMIT				
	ER			WITH CORRECT NPI NUMBER.				
		21	680	DUPLICATE OF CLAIM-SYSTEM	0	9781	10387	606
		8800	651	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404923	FIVE COUNTY MH	21	2	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	2	217	2
3404925	SANDHILLS CENTE	8800	1246	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	R FOR MH/DD			FUTURE RA'S.				
		8326	355	ATTENDING PROVIDER NUMBER WAS	11	2225	12536	10311
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	188	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	8961	1415	ATTENDING PROVIDER NPI IS MIS				
	G MENTAL HL			SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
				TITUES. TEMPORAL WITH				
		8505	120	CLAIM DENIED DUE TO INSUFFICIE	0	1990	4743	2753
				NT BUDGET		1330	1743	2.55
	<u> </u>	0500	110	DEEXTL NOW COMBDED BY COMPANY				
		8599	119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		1		
				BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	8505	243	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8326	198	ATTENDING PROVIDER NUMBER WAS	0		2000	2025
				NOT SUBMITTED ON	0	641	3678	3037
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	105	DETAIL NOT COVERED BY COMBINAT				
			1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		1		
L	1	1	1	1		1	l .	

					1		T	
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOFEDER	PROVIDER NAME	2020	Daning	220011111011	DENIALS	DENIALS	FINALIZED	PAID
3404930		8505	565	CLAIM DENIED DUE TO INSUFFICIE				
	JOHNSTON COUNTY	0303	303	NT BUDGET				
	MNTL HLTHC			N1 DODGI1				
		8961	5	ATTENDING PROVIDER NPI IS MIS		500	700	124
1		0301		SING. ATTENDING PROVIDER IS	0	576	700	124
				TYPICAL. PLEASE RESUBMIT WITH				
1								
		143	2	CLIENT ID NUMBER NOT ON STATE				
		113	-	ELIGIBILITY FILE				
1				ENIGIBINIT FINE				
3404931		8505	845	CLAIM DENIED DUE TO INSUFFICIE				
	WAKE CO HUM SVC	0303	0.13	NT BUDGET				
	BILLING OF							
1								
1		8326	490	ATTENDING PROVIDER NUMBER WAS				
		0320	150	NOT SUBMITTED ON	48	2948	10346	7398
1				THIS CLAIM OR THE NPI SUBMITTE				
1				THIS CHAIN OR THE NET SUBMITTE				
		8800	458	FURTHER PROCESSING NECESSARY,				
		0000	430	PLEASE CHECK FOR CLAIM ON				
			-	FUTURE RA'S.	-	-		
			1		1	1		
3404933		8505	307	CLAIM DENIED DUE TO INSUFFICIE	1	1		
	SOUTHEASTERN CT	0303	557	NT BUDGET	1	1		
	R FOR MH/DD		1	NI DODGEI	1	1		
		1						
		8800	57	FURTHER PROCESSING NECESSARY,				
		8800	57	PLEASE CHECK FOR CLAIM ON	0	365	374	9
			1	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1		
				FULURE RA'S.				
		8959	1	REFERRING PROVIDER NPI IS MISS				
		8959	1	ING. LEGACY REFERRING				
				PROVIDER IS TYPICAL. PLEASE R				
3404934				CLAIM DENIED DUE TO INSUFFICIE				
	ONSLOW CARTERET	8505	696					
	BEHAV HEAL			NT BUDGET				
		8326	317	ATTENDING PROVIDER NUMBER WAS	0	1553	1842	289
				NOT SUBMITTED ON				
1				THIS CLAIM OR THE NPI SUBMITTE				
1								
		8800	129	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404937	THE BEACON CENT	8505	214	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
		8800	146	FURTHER PROCESSING NECESSARY,	0	588	2200	1612
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8326	80	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
				THIS CHAIM OR THE NET SOBMITTE				
3404939	EAST CAROLINA B	8800	343	FURTHER PROCESSING NECESSARY,				
	EAST CAROLINA B EHAVIORAL H	8800	343	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
		8800	343	FURTHER PROCESSING NECESSARY,				
		8800	343	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
		8800	343	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS	1	541	4550	4009
				FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	1	541	4550	4009
				FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS	1	541	4550	4009
				FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	1	541	4550	4009
				FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	1	541	4550	4009
		8326	101	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	1	541	4550	4009
		8326	101	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLIENT NOT ELIGIBLE ON SERVICE	1	541	4550	4009
		8326	101	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLIENT NOT ELIGIBLE ON SERVICE	1	541	4550	4009
	EHAVIORAL H	8326	101	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLIENT NOT ELIGIBLE ON SERVICE	1	541	4550	4009
3404942	EHAVIORAL H EAST CAROLINA B	8326	101	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLIENT NOT ELIGIBLE ON SERVICE DATE	1	541	4550	4009
3404942	EHAVIORAL H	8326	101	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLIENT NOT ELIGIBLE ON SERVICE DATE	1	541	4550	4009
3404942	EHAVIORAL H EAST CAROLINA B	8326	101	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLIENT NOT ELIGIBLE ON SERVICE DATE	1	541	4550	4009
3404942	EHAVIORAL H EAST CAROLINA B	8326	101	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404942	EHAVIORAL H EAST CAROLINA B	8326	101	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE CLIENT NOT ELIGIBLE ON SERVICE DATE	1			4009

Sheet1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENTALS	DENTALS	FINALIZED	FAID
3404943	ALBEMARLE MENTA	8505	2184	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
	L REALIN CE							
		8599	318	DETAIL NOT COVERED BY COMBINAT		7 3215	6006	2791
				ION OF RECIPIENT, PROVIDER AND		7 3213	0000	2/91
				BENEFIT PACKAGE.				
		8800	255	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404944	EASTPOINTE HUMA	8326	1813	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
	N SERVICES			THIS CLAIM OR THE NPI SUBMITTE				
		8961	136	ATTENDING PROVIDER NPI IS MIS				
				SING. ATTENDING PROVIDER IS		0 2035	5154	3119
				TYPICAL. PLEASE RESUBMIT WITH				
				TITION. I DINGS REGULATION HILL				
		8505	47	CLAIM DENIED DUE TO INSUFFICIE				
		0303	17	NT BUDGET				
				N1 BODGE1				
3404946		21	90	DUPLICATE OF CLAIM-SYSTEM				
3101310	FOOTHILLS AREAM	21	30	DOFBICALE OF CHAIM-SISIEM				
	ENTAL HEALT							
		8536	71	ATTENDING PROVIDER TYPE AND SP				
		0330	/1			0 563	4011	3448
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
				VALID FOR SUBMITTED BILLING PR				
		8537	66	PROCEDURE IS NOT PAYABLE FOR Y				
		0337	66					
				OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
				SPECIALIY IN ACCURDANCE TO MEN				
3404949		8532	16614	SUBMITTED BILLING PROVIDER IS				
3404949	PIEDMONT BEHAVI	0532	10014					
	ORAL HEALTH			NOT ELIGIBLE FOR DATE OF				1
				SERVICE BILLED				
		0500	1745	DUMANTA NOM GOVERNOR DV. GOVERNOR				1
		8599	1745	DETAIL NOT COVERED BY COMBINAT		0 25781	70653	44872
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	1493	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				